Initial Approval: October 11, 2017

CRITERIA FOR PRIOR AUTHORIZATION

Idhifa® (enasidenib)

PROVIDER GROUP Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Enasidenib (Idhifa®)

CRITERIA FOR APPROVAL: (must meet all of the following)

- Patient must have a diagnosis of relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation, as detected by an FDA-approved test
- Patient must be 18 years of age or older
- Prescribed by, or in consultation with, an oncologist or hematologist
- Patient must (one of the following):
    - Females: not be pregnant or breastfeeding and be advised to not become pregnant for at least 1 month after the final dose
    - Males: advised to use effective contraception (e.g. condoms) during treatment and for at least 1 month after the final dose

LENGTH OF APPROVAL: 12 months

Notes:

- Information on FDA-approved tests for the detection of IDH2 mutations in AML is available at http://www.fda.gov/CompanionDiagnostics.

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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